

NEWS

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Protecting Social Workers, Taking a Stand **The Oxford Audits**

Margot Aronson

Here how the *New York Times* article begins:

*For years, health insurers have occasionally demanded a look at psychotherapists’ notes of their sessions with patients, to ensure that the care they were paying for was appropriate, or that it actually took place. But now one insurer, Oxford Health Plans, is saying that in many cases, the notes are not enough evidence that the patients received what Oxford paid for. Oxford has audited hundreds of psychiatrists, psychologists and social workers in the New York metropolitan area, deemed their notes inadequate documentation of the sessions, and demanded repayment of thousands of dollars from each provider—in some cases, more than \$100,000. (“Insurer Seeks Return of Fees for Therapy” *New York Times*, September 27, 2003.)*

Oxford “set a new standard for aggressiveness”

Clinicians cannot contest the right of an insurer or a managed care organization (MCO) to audit charts. However, the approach taken by Oxford, an MCO with clients primarily in New York, Connecticut and New Jersey, “set a new standard for aggressiveness,” according to the *New York Times* author Richard Perez-Pena. Further, having never set standards for documentation, Oxford required repayment from many therapists who believed they met reasonable standards.

Recognizing the threat to private practitioners, GWSCSW Vice President Joel Kanter quickly posted the article on our listserv. We then contacted the Clinical Social Work Federation (CSWF) Board to recommend action at the national level. We also spoke with the New York State Society for Clinical Social Work (NYSSCSW) to learn how they had been handling the situation.

continued on page 4

GWSCSW Co-Hosts Two Exciting Events This Spring

Renowned psychoanalyst, researcher and author Otto Kernberg, MD, Director of the Personality Disorders Institute at Cornell University’s Weill Medical College, is the headliner for the February 15 conference of the Consortium for Psychoanalytic Research. The conference, which is co-sponsored by GWSCSW, will present current research on the effectiveness of transference-focused psychotherapy for severe personality disorders. (See p. 10.)

The GWSCSW conference on May 1 will focus on the collaborative work of Clare and Donald Winnicott, exploring the application of their ideas to contemporary social work practice. Co-sponsors are the International Institute for Object Relations Therapy (IIORT) and the Clinical Social Work Institute (CSWI). (See p. 5.) ❖

GWSCSW Dinner Meeting Friday, January 23

Location – TBA

6:30 P.M. ... Reception

7:00 P.M. ... Dinner

8:00 P.M. ... Lecture

Speaker: Bette Ann Weinstein, DSW

Topic: *Integrating Dialectical Behavior Therapy into a Psychotherapy Practice*

For more information
call GWSCSW at 202-537-0007.

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GWSCSW NEWS

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For advertising rates see page 27.

**The next issue will be published
March 2004 and the
deadline is January 31.**

President's Message

Margot Aronson

For me, one of the great privileges of being President of the Greater Washington Society for Clinical Social Work (GWSCSW) has been the opportunity to serve on the Board of Directors of the Clinical Social Work Federation (CSWF) and to represent our Society at the twice-yearly meetings. The meeting each May is in our bailiwick (Alexandria, last time), but the October meetings rotate among the other state societies.

The setting for this fall's meeting was New Orleans—famous for its incredible cuisine, its fabulous jazz and its delightfully laid-back population with their *laissez les bon temps rollez panache*. We were blessed with beautiful warm weather all five days of the meeting. Since our hotel was in the old French Quarter, we were able to squeeze in great meals, wonderful walks and a trolley ride in the Garden District, despite the long days of intense sessions.

If you are wondering how expenses for the Board of Directors' meetings are covered, the answer is that for any "away" meeting, super-saver rate airfare is covered by the Federation, while state societies pick up the bills for the hotel room. I have made it a practice to share the room with a president from another state, thus halving the cost to GWSCSW and rewarding me with a new friend. As for lunch at the Court of Two Sisters and the dinner at K-Paul's—well, I'll be brown bagging it for a while, but it was well worth it!

You can read about the important CSWF votes (and my understanding of the politics behind those votes) in "Federation Begins Restructuring Process at New Orleans Meeting" on page 6 of this issue. To me, however, the value of the Board meetings cannot be measured by votes taken and decisions made. Rather, it is the sharing of ideas taking place among the state presidents and committee chairs of what worked and what didn't—ideas for speakers, events, trainings, fund-raisers, connections with schools of social work, lobbying, dealing with common issues—that rejuvenates us, so we come home ready to try something new.

Audit Nightmares

Rooming with Helen Krackow, President of the New York State Society, I learned a lot about the audit nightmares experienced by some three hundred clinicians in the New York area, a number of whom were forced to return thousands of dollars of insurance payments because their records were deemed "inadequate" by a managed care company which had not established any guidelines for record-keeping. (See "The Oxford Audits" beginning on page 1.)

I well remember the periodic audits by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) when I was a therapist at the Regional Institute for Children and Adolescents-Rockville (RICA-Rockville), a Maryland state residential treatment center for children and adolescents. Though of course we always worried that an "i" without a dot or an uncrossed "t" might be found, we at least knew when the audits were going to occur and what standards we were expected to meet.

The news that the audits in New York included independent practitioners who were not even contracted with the company took me by surprise. Apparently, being out-of-network is no protection.

In any case, I am glad to have the societies and the Federation protecting our interests. And I, for one, intend to do whatever I can to minimize my own nightmares by taking another look at requirements for documentation!

That old "generic vs. clinical" schism, revived

I've been told that when the coalition of five social work associations [GWSCSW, Maryland Society for Clinical Social Work (MSCSW), NASW-Maryland, NASW-DC/Metro and the Maryland Society of Social Work Administrators in Health Care (SSWAHC)] established the Maryland Legislative Council of Social Workers back in the early '90s, it was the first ever instance of NASW and clinical societies overcoming a long-standing schism (generic vs. clinical) to speak for the social work community in a unified voice. So it was with considerable sadness that we learned of the decision of NASW-Maryland to "go it alone," leaving the Council and hiring their own lobbyist.

Although the Council's agenda has always been a carefully balanced consensus of clinical, social/welfare, and professional interests, NASW-Maryland complained that, in their view, the Council has put too much emphasis on "mental health issues." The current NASW-Maryland leadership is not, they told us, interested in dealing with such "non-starter" issues as insurance and managed care.

As you will read in lobbyist Steve Buckingham's informative article on page 21, we are determined to keep the Council going. GWSCSW has signed on with Steve, as has the SSWAHC. MSCSW President (and affiliate GWSCSW member) Patricia Baker is hopeful that the Maryland Society will also be able to throw full support behind the Council; they suffered a severe loss of membership (and, consequently, falling dues income) over the past few years, but things seem to be turning around. NASW-DC/Metro is still on the fence, with considerable internal pressure to focus their advocacy efforts on the District. We're exploring ways to keep them involved.

Meanwhile, we've chosen "the mental health system" as the focus for advocacy this year. And, if members are interested, we'll join MSCSW in a Lobby Day that would include Advocacy and Ethics (a three-hour training for Category I CEUs), lunch and meetings with delegates.

On the GWSCSW Annual Conference, some much-deserved praise...

Kudos to Annual Conference Chairs Kimberly Satin Kubler and Kathleen Kenyon; Committee Members Jo Bulkley, Laura George and Jen Hackler and Presenters Ruth Neubauer and Denise Unterman, for *Echoes of the Past!* Thank you all for putting on a wonderful conference! ❖

Report from the Treasurer

Janet Dante

The Society continues to be in fine shape financially. As of October 31, we had \$68,000 in the bank in our combined checking and money market accounts. As of November 3, all outstanding bills have been paid; thus, there should be sufficient money to cover 2004 operating expenses for the newsletter, database, directory, mailings, special projects and other activities.

We also expect to set some money aside, as a hedge against future emergencies. We never want to get to the place we were just a few years ago, when there was insufficient money to cover the essential functioning of the organization.

Our newly reorganized general ledger chart of accounts will also allow our committee heads to more easily keep track of relevant income and expense details and totals. This will make planning easier as future boards decide what activities to fund and how to allocate income.

(Editor's note: Thanks Janet for a job well done!) ❖



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Oxford Audits, continued from page 1***Audits involved participating providers and out-of-network practitioners***

We learned that Oxford had contracted with Audit Review Services (ARS) to audit practitioners—a randomly-selected group of 100 clinical social workers, 100 psychologists, and 100 psychiatrists, including participating providers, out-of-plan and out-of-network providers—who had provided services paid for by Oxford. Each of those to be audited received a letter from Oxford, asking for documentation of up to 100 specific sessions, going as far back as 1997:

You have recently been selected by Oxford Health Plans for an audit of provider services being rendered to their members. As part of the audit we are requesting a copy of the medical records relating to the services rendered to the attached list of Oxford members for the specific dates indicated.

The documentation you provide should include, but not be limited to, copies of appointment schedules or sign-in logs showing dates and times of the patient's visits, copies of the original notes kept during sessions, results of tests administered and your diagnosis and treatment plans. If you are hesitant to release particularly sensitive session notes, please black out that information on the copies of records being sent for our review. Please provide us with these records along with any other auxiliary records you may have that corroborate the treatment provided....

NYSSCSW approach—"collaborating with the enemy"

It is hardly a surprise that Helen Krackow, President of the NYSSCSW; Hillel Bodek, Chair of NYSSCSW's Committee on Ethics and Professional Standards; and the CSWF Hotline Managed Care Specialist John Chiaramonte were deluged with questions. How do I protect client confidentiality? How will I pay for the copying of hundreds of pages? How can Oxford audit me if I don't even have a contract with them?

According to Ms. Krackow, there were no grounds for fighting: "the New York State Insurance Department backed Oxford's demands; we had to comply." The NYSSCSW strategy, they decided, would be to collaborate with Oxford, to mitigate audit requirements as much as possible. Mr. Bodek, who has written extensively on record keeping and developed the NYSSCSW documentation guidelines, contacted the Oxford attorney, identified himself as the Society's professional standards specialist, and offered assistance.

Limiting the scope of the audit and protecting confidentiality of sensitive material

The audits, Mr. Bodek learned, were solely to assure that there was adequate documentation that the services

billed were actually rendered. Helping Oxford clarify the focus of the audit (and thus limit the scope of what the auditors would be looking for), and then working to expand their understanding of confidentiality and sensitive material, Mr. Bodek was in a position to write to the involved social workers (30 were NYSSCSW members, 70 were not) with detailed information on how best to handle the audits. He also negotiated for Oxford to provide financial assistance where copying costs would cause hardship.

Ultimately, while providing notes was undoubtedly an arduous task, Ms. Krackow said that the social work audits went fairly smoothly and, as far as they know, only one of those audited received a request for the return of money—quite unlike the experience of the other professionals. But as Ms. Krackow noted, while the NYSSCSW addressed the needs of practitioners, "there's still a need for a political response to discourage a trend in these audits."

How can we as practitioners—and as a Society—prepare?

Although Oxford has so far been the only MCO to audit clinicians so aggressively, there's no reason to believe other MCOs will not follow suit. Clearly all of us must be alert to documentation requirements: whether we're under contract with a company or not, our files *can* be audited. Where documentation does not exist or we refuse to provide it, an insurer *can deny retroactively and recoup payments from us or from our clients*; indeed, Oxford demanded recoupment because of documentation they deemed "inadequate".

The Society will be taking steps to ensure that members are aware of standards through the newsletter, the e-list, and workshops. We will be identifying helpful resources such as the CSWF Hotline Managed Care Specialist (800-270-9739).

In addition, the Society will be looking for ways to use our legislative lobbyists, the DC Coalition on Confidentiality and our partnerships with other professional organizations to discourage other companies from emulating Oxford's practice.

We will also be working to convince CSWF to apply professional pressure on the national level. A clear public statement of disapproval of aggressive auditing—perhaps identifying these practices and naming Oxford in HIPAA/documentation trainings and materials which are disseminated nationally—might cause companies to think twice, especially if other professional associations were to follow suit.

We ask that members keep us informed of other situations like the Oxford audits. Call 202-537-0007 for more information, to let us know your experiences or to volunteer to work on a managed care/insurance committee. ❖

GWSCSW Conference on May 1, 2004**The Facilitating Environment:
The Contributions of Clare and Donald Winnicott to Social Work Practice***Joel Kanter*

Clare and Donald Winnicott met while collaborating on a project during the Second World War, assisting evacuated children with special needs. Clare was the project's social worker and Donald provided weekly consultation. This collaboration, both personal and professional, continued until Donald's death in 1971, and bridged the fields of social work and psychoanalysis.

Clare went on to a distinguished career in social work education, government service in child welfare and a private practice of psychoanalytic psychotherapy. Donald's thinking and practice was transformed by what became an ongoing dialogue with professional social work, through teaching, consulting, lecturing and writing for social work venues. Undoubtedly, some of his most notable concepts, including the "transitional object" and the "holding environment", emerged from this dialogue with Clare and the social work field. Social work became his third area of professional identification, along with pediatrics and psychoanalysis.

A one-day conference will be presented by the Greater Washington Society for Clinical Social Work (GWSCSW), co-sponsored by the International Institute for Object Relations Therapy (IIORT) and the Clinical Social Work Institute (CSWI), on May 1, 2004, in Washington DC. The objective of this conference is to explore both the historical roots of this collaboration and the application of the Winnicotts' ideas to contemporary social work practice. The keynote speaker will be F. Robert Rodman, editor of *The Spontaneous Gesture: Selected Letters of D.W. Winnicott* and the recent biography *Winnicott: Life and Work*. Other speakers will include Joel Kanter, editor of the forthcoming volume *Face-to-Face with Children: The Life and Legacy of Clare Winnicott* (Karnac Books, in press); colleagues who worked with the Winnicotts in England; and other professionals applying the Winnicott's concepts in social work practice.

We are seeking informal proposals from others interested in participating in this conference, both from a historical and contemporary perspective. We are especially interested in contributions involving applications of the Winnicotts' ideas to social work practice; these contributions could include conceptual discussions, case presentations or program descriptions. The focus on social work should reflect the Winnicotts' interest in direct intervention with the social environment. In years past, this has sometimes been called "casework", but in today's context could involve work in child welfare, family preservation, residential care, case management, medical social work and other related fields.

If interested in participating, please email your ideas to the Winnicott Conference Program Committee at gwscsw@juno.com. Try to be as descriptive as possible, both in terms of content and format. We will respond to all inquiries in 2 to 4 weeks.

For those interested in learning more about Clare Winnicott, one of her papers is available at www.psychanalyse.lu/articles/CWinnicottCommunicatingChildren.htm, and an article about her is at <http://psychematters.com/papers/kanter2.htm>. ❖

Not only do we hold a consistent idea of the client as a person, but we hold the difficult situation which brought him to us by tolerating it until he either finds a way through it or tolerates it himself. If we can hold the painful experience, recognizing its importance and not turning aside from it as the client relives it with us..., we help him to have the courage to feel its full impact; only as he can do that will his own natural healing processes be liberated.

~ Clare Winnicott

Whatever we do in social work is related to quite natural things that get done in child care and in baby care. When the social worker is not able to see his work in terms of the natural evolution of the maturing child in the environment that has its own evolution relative to a child's personal growth, then the social worker has stepped outside his or her social work job. Social work, by definition, is derived by direct route from an understanding of the emotional development of the human individual in the long steady climb out of absolute dependence and toward independence.

~ D. W. Winnicott

Federation Begins Restructuring Process at New Orleans Meeting

Margot Aronson

New Orleans was the site of the fall 2003 meeting of the Board of Directors of the Clinical Social Work Federation (CSWF). The Board acted to end its relationship with the Office and Professional Employees International Union (OPEIU), and defeated an effort to centralize power in the Federation at the expense of the state societies. Nevertheless, after the tumultuous meeting of a year ago and the intensity of discussions last spring, this five-day meeting was surprisingly subdued. Board members were considering complex and in some cases painful issues relating to the future of the Federation, but there was a strong focus on healing and improving lines of communication.

Ties with OPEIU and the Guild severed

Of primary importance was the vote not to re-affiliate with OPEIU and, by extension, sever the relationship with OPEIU's Guild 49, the clinical social workers' guild created two years ago. Renée Cardone, president of Guild 49, urged Board members to renew the Affiliation Agreement, which had been signed in October 2000, to extend for a period of 36 months. She emphasized the power and resources of organized labor, and the importance of the national presence social workers could develop with the help of expert union lobbyists. As requested by Mike Goodwin, President of OPEIU, she asked that the vote be postponed until next May to give the union more time to work out settlements for claims from the failed health insurance program.

Guild States have been increasingly disillusioned about OPEIU. At the May meeting, we heard a litany of disappointments in OPEIU, from broken promises, to failure to demonstrate value for the \$107 dues each member must pay (in addition to Society dues), to the union's refusal to work with the Federation on the insurance problems, not to mention the dramatic drops in state membership rolls when the dues soared.

Indeed, the vote taken last spring would have severed ties with the union, but for a quirk in the Federation Bylaws requiring a seventy-five-percent-plus-one majority.

This time, there was little discussion and much heaviness throughout the room as the roll was called: there had been so much hope and promise in the concept of working with the union. No one was happy to say goodbye to Ms. Cardone and Wayne Martin, the Guild's secretary-treasurer, both of whom have worked tirelessly to build the Guild and the Federation. But there was no question: this time, only three states—New Jersey, Pennsylvania and Virginia—were in favor of renewing the

affiliation, and three states abstained. The Guild will no longer have representation on the Federation's Board.

Reportedly, the Guild will continue to have the support of OPEIU. As things stand now, state societies are free to develop agreements with Guild 49, and individual society members may join the Guild directly. Information on Guild activities will soon be available at website www.cswg49.org.

The Federation lawsuit against OPEIU

The Federation's lawsuit against OPEIU, authorized by the Board back in May, has not yet been filed, as Federation President Abbie Grant has given one opportunity after another to the union to respond to the Federation request to meet. OPEIU has argued that the adversarial stance of the Federation is hindering the claims resolution process; in an open letter to the Board, OPEIU's President Goodwin insisted that no meetings would be held without a promise to drop the suit. At this writing, however, a meeting between Mr. Goodwin and Ms. Grant is scheduled for mid-November. The lawsuit will not go forward if they are able to come to terms.

Amendments to the Bylaws

Two amendments to the Bylaws passed readily. The first deletes the rule which allowed a very small group of states to prevent a super-majority from implementing a policy, public position, structural revision or goal. The second establishes a three-year term for each society's member of the Federation's Board of Directors, and frees states to select a representative other than the society president to be that member. The longer terms will help immeasurably with continuity, and having someone who is not already overly stretched with state society work will, hopefully, result in a clearer focus and more follow-through on national business.

A third proposed amendment, which did not pass, would have added the following to the Bylaws: "The Clinical Social Work Federation shall have the sole national authority to implement nationally its mission and the policies, positions, directions, and goals adopted by the Board of Directors." Greater Washington joined Georgia, Louisiana, New Jersey and Ohio in voting against this amendment; Alabama, Arizona, Colorado and South Carolina abstained.

The primary concern of those opposed was that until there is a system of checks and balances in place, state societies might be required to comply with decisions adopted by the Board that could adversely affect them. True, it would be in the Federation's best interest to work

cooperatively with societies. Nonetheless, there have occasionally been situations that have turned volatile. Until there is a plan for resolving conflict between a state society and the Federation, we felt that this amendment was premature.

The restructuring issue

After the Bylaws votes, attention turned to the need for restructuring the Federation to be more effective at the national level. Concerns centered on the Federation's budget deficit of the past two years, and a dramatic decrease in membership. Federation leadership attributes this to 1) the lack of national authority and concomitant inability to carry out programs effectively at the national level, 2) ineffectively drawn lines of communication and 3) a non-collaborative culture that has made important projects such as membership development very difficult.

As currently configured, CSWF is a confederation of state societies and, where there is no state society, individual membership. The Restructure Committee is proposing to make members of a state society also members of the Federation, thus opening the possibility of direct communication, as is now done with *access*, the twice-yearly Federation newsletter. We were assured that there will *not* be a move toward creating a national membership structure like NASW's.

The committee has considerable work to do before the anticipated vote at the spring 2004 meeting. Crucial will be the development of a system of checks and balances (e.g., an internal process for conflict resolution and proportional representation for states with very large memberships) to protect the integrity of the state societies while allowing CSWF to move forward with a single voice on national matters once the Board has made a decision.

As always, your input is welcome. Call any of the GWSCSW officers or write a letter to the newsletter editor with your thoughts and ideas on any of these issues. ❖

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
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Important Changes in New CSWF-Sponsored Liability Insurance Coverage

Ellanor Cullens

The following article, reprinted with permission, was published in the fall newsletter of the National Membership Committee on Psychoanalysis in Clinical Social Work (NMCOP). It is the author's best analysis of these issues, but is not a substitute for competent legal advice.

Many NMCOP [and GWSCSW] members purchase professional liability insurance through the CSWF-sponsored plan, carried for many years by Bertholon-Rowland Corporation. If you are one of them you may be surprised when next receiving renewal information (usually two months prior to the expiration date of the current policy period) as, beginning with September 2003 renewals, the plan will be administered and underwritten by new companies. One of the notable changes facing insureds is an increase in premium cost, but there are additional and even more important issues to consider.

A "heads up" on the upcoming changes

To give you a "heads up" and steer you in your timely personal planning, the [NMCOP] Public Relations Committee has done some limited research regarding the most prominent changes, in consultation with both the present and the new companies involved. We hope that the information in this article will be helpful in your decision-making, and encourage you to comparison-shop with other plans if interested in doing so. Before making any changes we urge you to read and familiarize yourself with the policy you currently hold, compare pertinent points with the information available on the prospective new policy(ies), and contact customer service departments for further clarification. This article is intended to provide general information only, not to endorse a policy or advise you as to your decision regarding professional liability protection.

The changes we are experiencing are precipitated by larger shifts on the corporate level: Bertholon-Rowland is decreasing their involvement in professional liability coverage and is partnering with the new carrier during the transition period, CPH & Associates, Inc., a leader in insuring the mental and allied health fields. Simultaneously the previous underwriter, Chicago Insurance Company/Interstate Insurance Company, no longer will underwrite malpractice coverage for social workers. The new underwriter is Philadelphia Indemnity Insurance Company, considered a leader in this type of coverage and rated A+ by A.M. Best for financial strength. All companies involved are working for this transition to be as smooth as possible.

Why an occurrence policy instead of a claims-made policy

One, if not the most, important change is the type of policy to which this plan is converting. The old policy was a *claims-made* policy and the new one an *occurrence* policy. The essential difference is *when* claims are covered by the policy. An *occurrence* policy covers those claims that result from *service that was rendered while the policy was in force*, regardless of when the actual claim is reported. A *claims-made* policy covers *claims that happened AND are reported during a covered period of time*. Any claims that come in from service provided prior to the date the occurrence policy became effective will not be covered.

To protect yourself from claims that may arise from previously rendered services that are reported after your old claims-made policy ends and the occurrence policy begins, you must purchase *extended reporting period* or *tail coverage*. Occurrence policies do not cover 'prior acts' nor do they offer an option to purchase coverage to protect prior acts. There are advantages of occurrence over claims-made policies, chief among them that claims generally do not occur the same year that service is provided, therefore an insured is protected into the future *as long as the policy was in effect on the date the incident or service in question occurred*; the policy does not have to be in effect when you are notified of the claim. Thus, you can change insurance plans, or even retire, without concern about the need for additional, ongoing coverage.

With a claims-made policy, a clinician changing policies or retiring would be wise to purchase extended reporting period or tail coverage if s/he wants to be protected against claims filed after the policy expires for incidents occurring before that expiration. A caution to consider seriously is that claims, especially malpractice, generally are made years after the occurrence, e.g., allegations such as *failure to diagnose* may not be discovered for several years. CPH reports that "trends indicate that for any given year of service, an average of 40% of total claims will be reported in the first year...30% in the second year...15% in the third year...10% in the fourth year, and the final 5% in the fifth year" (CSWF OA Bulletin 6/03).

"Tail coverage" considerations

These figures provide a segue to revisit a very important consideration as we change policies, to the new CSWF-endorsed plan or to any other. All clinicians who are or have been in active practice should educate and make

well-informed decisions regarding the wisdom of carrying *extended reporting period*, also known as *tail coverage* when converting to a different insurance underwriter. This coverage for prior acts protects you even after your policy ends for incidents occurring while that previous plan was in force, *especially* significant when moving from claims-made coverage—even to another claims-made policy.

Bertholon-Rowland is offering an extended reporting period option to anyone with an active account with them at the time of this conversion, whether continuing with the plan administered by CPH or moving to another carrier entirely. There are six options, each based on the length of time you choose to be covered for prior acts. Such things to consider in determining which option is best for your practice are statutes of limitations for claims in your state, remembering exceptions such as practice with children and adolescents, exemptions for certain diagnoses, etc. Following are the options stated in terms of length of time for prior acts being covered, then the cost for coverage given as a percentage of the annual premium on your old Bertholon-Rowland policy: one year (90%), two years (135%), three years (150%), five years (175%), eight years (200%), and unlimited time period (225%). Note that there is a one-time purchase of the extended reporting period coverage, the terms of which cannot be changed or amended by the insured at a later date.

Quantifiable improvements in the new coverage

In addition to the purported general advantages of professional liability coverage under an occurrence policy, there are other quantifiable improvements with the new plan. Both policies provide *unlimited defense coverage*, paying for company assigned defense counsel and court fees for claims or allegations covered by the policy. The new policy increases coverage for *regulatory investigation defense* from \$2,500 to \$25,000 per policy period for civil investigations and/or licensing board disciplinary proceedings. *Legal fees reimbursement for deposition testimony*, whereby the insured obtains own counsel and pays fees out of pocket, now is provided under the new policy covering legal fees and legal expenses incurred during appearance at a deposition related to clinical services performed, *not* to include service provided as an expert witness; this re-imbursment is a maximum \$5,000 per occurrence/\$15,000 per policy period. *Defendant's reimbursements* for actual loss of earnings incurred from attendance at a trial or hearing resulting from an injury covered by the policy pays up to \$500 per day to a \$15,000 maximum, up from \$7,500 in the old policy.

The term *professional liability* often is interpreted by insureds to mean coverage against claims of misconduct and/or malfeasance (including negligent acts, errors, or omissions) in performing professional treatment services. In both the previous plan and the new one, however, the policy holder(s) is insured as well for general liability in personal injury, bodily injury, and/or property damage related to the performance of professional services. These distinctions commonly are differentiated as *malpractice* versus "*slip and fall*" situations. The limits of liability you choose, e.g., the industry standard of \$1 million each occurrence/\$3 million aggregate, apply to both broad types of incidents. Additionally the new plan offers *medical expense and first aid coverage* for the client/patient of \$2,500 per person/\$25,000 aggregate, and \$5,000 for bodily injury and/or property damage to the insured if assaulted, when *accidental injury arises out of professional service rendered by the insured*.

The issue of cost

To come full circle, we return to the issue of *cost*. The annual premiums for the new plan do represent an increase, coupled with the expense of the advised one-time purchase of extended reporting period coverage. A membership benefit for CSWF members is a 50 percent reduction of the administrative fee at each renewal date; the plan also is available to mental health counselors, school counselors, students, and clinicians who are post-Master's under supervision. All clinicians, whether or not members of CSWF, are eligible for a 10 percent discount on the premium by providing documentation of completing a minimum four hours professional edu-

continued next page

THE CONSORTIUM FOR PSYCHOANALYTIC RESEARCH

presents

11th Annual Conference

Does It Work?

The Evidence for Transference-Focused Psychotherapy for Severe Personality Disorders

Sunday, February 15, 2004

9:30 AM to 4:00 PM

Location: The Ernst Auditorium at Sibley Hospital

Guest Speakers:

Pamela A. Foelsch, PhD

Otto F. Kernberg, MD

Dr. Kernberg will open the conference with an overview.

Dr. Foelsch will present three segments on their work and research: therapist's skills, patient's change, supervision process.

CEUs given

For registration information, call CSWI 202-237-1202

Insurance, cont. from previous page

cation in risk-management within the 24-month period preceding renewal. As most states require continuing education in professional ethics as a condition of licensure renewal, this qualifies for a price break. Professionals newly licensed for the first time (not those transferring to a different state for practice) are eligible for a 50 percent premium discount the first year and 25 percent the second.

We mention but a few of the program highlights in the new CSWF-sponsored plan, many of them similar or identical to those offered by other professional liability underwriters, so we reiterate that it is important for you to familiarize yourself through information provided by the carriers or administrators of a plan before deciding what is the best choice for you. Assuredly the self-selected NMCOP [GWSCSW] membership strives for the highest standards of practice and adheres to the CSWF *Code of Ethics*, yet we find ourselves in an environment increasingly both risky and litigious. Purchasing insurance of any type always is a gamble against the need to utilize your coverage; no one wants to be under-insured in the event a catastrophic situation were to emerge, neither do we want to be "insurance-poor," but to find a livable, workable balance.

Contact information for the customer service departments and websites of the liability insurance carriers and underwriters mentioned in the above article are: CPH & Associates, Inc. at 1-800-875-1911 or www.cphins.com and for Bertholon-Rowland 1-800-727-7770, extension 8589, or www.brcorp.com. ❖

Ellanor Cullens, MSW, chairs the Public Relations Committee for the National Membership Committee on Psychoanalysis in Clinical Social Work (NMCOP).

GWSCSW Co-Sponsors Annual Consortium Conference**Otto Kernberg, Pamela Foelsch to Speak**

Sheila Hill

Otto Kernberg, MD, and Pamela Foelsch, PhD, Director and Director of training, respectively, of the Personality Disorders Institute will be the featured speakers at the 11th Annual Conference of the Consortium for Psychoanalytic Research on Sunday, February 15, 2004. The conference, *Does it Work? The Evidence for Transference-Focused Psychotherapy for Severe Personality Disorders*, will be held at the Ernst Auditorium of Sibley Hospital in the District. It will begin with registration at 9:30 A.M. and conclude at 4:00 P.M. The conference will offer 5 CEUs under GWSCSW sponsorship.

Otto Kernberg is the author of books and articles too numerous to mention. He is the Director of the Personality Disorders Institute at Cornell University's Weill Medical College, a training and supervising analyst at the Columbia University Center for Psychoanalytic and Research and past President of the International Congress of Psychoanalysis. Pamela A. Foelsch is a clinical assistant professor of Psychology in Psychiatry at Cornell University's Weill Medical College. She is the Director of Training in the Personality Disorders Institute and in private practice in White Plains and New York City.

Drs. Kernberg and Foelsch will demonstrate a model for assessing the efficacy of transference-focused psychotherapy. Dr. Kernberg will present an overview of differential diagnosis and the clinical interventions that are embedded in transference-focused psychotherapy. Dr. Foelsch will present tools for assessing change in both the patient's personality structure and the therapist's ability to facilitate that change. The participants at the conference will work with Dr. Foelsch on the transference/counter-transference assessment tool she has developed. After the presenters describe their model of training and supervision, discussants Diane Choate, MSW, PhD, and Julie Bondanza, PhD, both Jungian analysts and Jill Scharff, MD, Co-Director, International Institute for Object Relations Therapy (IIORT) will comment and involve the audience in discussion.

The Consortium represents 13 Baltimore-Washington area organizations interested in building a bridge between clinicians and clinically relevant research. To this end, it sponsors yearly conferences that bring researchers and clinicians together to share data and ideas.

Social workers are, as usual, well represented on the conference planning committee and at the conference proceedings: Sheila Hill, the chair for this year's conference, represents IIORT to the Consortium and is a member of the Society. Diane Choate, one of the formal discussants and a Jungian analyst in private practice in the District, is a social worker. Ann Aukamp represents the Institute of Contemporary Psychotherapy & Psychoanalysis (ICPP) on the planning committee. Carolyn Gruber represents the Clinical Social Work Institute (CSWI). Janet I. Warren represents The New York Freudian Society Washington Program and Marilyn Austin represents GWSCSW.

Come out on Sunday, February 15, in support of your colleagues for what promises to be a day of lively presentation, clinical education, and spirited discussion about clinical interventions and training.

Registration is \$50 (\$25 for full-time students) and includes a continental breakfast and box lunch. The deadline for registration is February 9. For more information, contact CSWI at 202-237-1202. ❖

2004 NMCOP Conference Explores Change

Richard M. Alperin

The National Membership Committee on Psychoanalysis in Clinical Social Work (NMCOP) is holding its ninth biennial conference, *Psychoanalysis: Changing in a Changing World*. The conference will be held at the Marriott Financial Center Hotel, March 11–14, 2004 in New York City. Presentations will explore the interplay of changes in psychoanalytic theory with changes in our world and family life, and the impact of these evolving forces on practice. Cutting edge topics such as complex adoptions, technologically assisted births, transgenderism, war and terrorism will be discussed by distinguished psychoanalysts and psychoanalytic therapists, most of whom are clinical social workers.

The conference will begin with a daylong pre-conference seminar entitled, *Relational Social Work and Supervision: Reclaiming Our Contribution to the Analytic Process*, presented by the NMCOP National Study Group. Gerald Schamess, Carol Tosone and guest, Lewis Aron, will explore current relational ideas and their connection to social work's traditional emphasis on the treatment relationship. To further demonstrate these ideas, they will discuss a supervisory session conducted by Roberta Shechter.

The conference will formally open with the NMCOP National Study Group's presentation of its highly acclaimed video, *Why Am I Here? Engaging the Reluctant Client* with discussion by Carolyn Jacobs, Caroline Rosenthal, Carolyn Saari, Carol Tosone, and Julia Watkins. The NMCOP Study Group made the video in collaboration with New York University's Shirley M. Ehrenkranz School of Social Work and the Council on Social Work Education (CSWE).

Keynote speakers for this conference are Judith Wallerstein, who will discuss *What About the Kids: Raising Children Before, During, and After Divorce*; Patrick Casement, who will present his paper, *Using Analytic Space: A Challenge to Contemporary Psychoanalysis*; and Francine Cournos, who will discuss *Psychoanalysis and Traumatic Childhood Loss: A Personal and Professional Perspective*. In addition, Conference Director Penny Rosen and Program Chair Miriam Pierce, along with their committees, have assembled sixty other interesting papers, panels and/or workshops. Mindful of the fact that social workers practice in a wide variety of settings, the topics selected are broad and will demonstrate the relevance of psychoanalytic thinking to diverse client/patient populations.

Besides intellectual stimulation, this conference will offer those attending plenty of time to network and socialize with friends and colleagues. A gala dinner is planned at Vine Restaurant designed in a historic setting near the New York Stock Exchange and rated as "divine" by Zagat, a leading guide to restaurants in the area.

The Marriott Financial Center Hotel is offering those attending the conference a significant discount to stay there. So please join us. We look forward to seeing you at this very worthwhile conference. For further information see our website, www.nmcop.org, phone 718-398-9516 or email catbkny@earthlink.net. ❖

Richard M. Alperin, DSW, is the NMCOP Public Relations Chair for the 2004 NMCOP Conference.

CareFirst Watch Coalition Update

Mary Lee Stein

The CareFirst Watch Coalition Steering Committee met on October 29. Walter Smith at DC Applesed Center for Law and Justice chaired the meeting and provided an update on the controversy surrounding the proposed sale of CareFirst and the subsequent Maryland legislation.

Two reports have been released by the DC Applesed Center, a non-partisan civic advocacy organization in the Coalition. Both reports are available online at www.dcapplesed.org.

The first report, conducted by the George Washington University for Public Health and Health Services and the Georgetown University Institute for Health Care Research and Policy, finds that Group Hospitalization and Medical Services, Inc. (GHMSI), a subsidiary of CareFirst BlueCross BlueShield, is not meeting community needs—despite the fact that it was chartered by Congress to be a "charitable and benevolent institution," and that District area residents fall below the national average on a number of health status and health coverage measures.

The second report is an analysis conducted by Richard Meyer of the Harvard Business School. It shows that GHMSI is worth over 56 percent of CareFirst (almost \$1.3 billion). Mr. Smith states that "this significant value raises the question of whether the company could be doing more for our underserved community."

A study to identify particular programs GHMSI might carry out to better meet its obligations as a nonprofit charity while remaining competitive and financially viable has also been commissioned by the DC Applesed Center. The

continued on page 13

the
Washington Society for Jungian Psychology

presents

lectures, workshops, *Evenings With...*, classes, etc.

Winter programs include:

December 5	Melanie Starr Costello, PhD	<u>Lecture:</u> <i>Erotic Longing, Mysticism, and Individuation</i>
December 6	Melanie Starr Costello, PhD	<u>Workshop:</u> <i>Eros: The Wounded and Wounding God of Love</i>
January 31	Bonnie Damron, PhD	<u>Workshop:</u> <i>The Goose Girl at the Well</i>
February 21	Karina Golden, PhD	<u>Workshop:</u> <i>Suffering, Transcendence, and the Alchemical Soul</i>
March 6	Ryland Swain, PhD	<u>Workshop:</u> <i>A Man for All Seasons: Woman's Inner Masculine</i>
March 13	Six WSJP Members	<u>Annual Members' Day Festival of (six half-day) Workshops</u>
March 26	Jean Shinoda Bolen, MD	<u>Lecture:</u> <i>Spirituality, Synchronicity, and the Sacred Feminine</i>

WSJP

Just as the great personality acts upon society to liberate, to redeem, to transform, and to heal, so the birth of personality in oneself has a therapeutic effect. It is as if a river that had run to waste in sluggish side streams and marshes suddenly found its way back to its proper bed, or as if a stone lying on a germinating seed were lifted away so that the shoot could begin its natural growth.

~ C. G. Jung, *The Development of Personality*

The achievement of personality means nothing less than the optimum development of the whole individual human being... It is an act of high courage flung in the face of life, the absolute affirmation of all that constitutes the individual, the most successful adaptation to the universal conditions of existence coupled with the greatest possible freedom for self-determination. To educate a [person] to this seems to me no light matter. It is surely the hardest task the modern mind has set itself.

~ C. G. Jung, *The Development of Personality*

The **WSJP office and library** are located in the education building of the Palisades Community Church
5200 Cathedral Avenue, NW
 (one block east of MacArthur Blvd.)
Washington, D.C. 20016

Continuing Education Credits are available for many of our programs

To add your name to our mailing list and receive program descriptions in our newsletters, call **202.237.8109**

To join our listserve for program reminders, send a blank e-mail to **WSJPnetwork-subscribe@topica.com**

To join **WSJP**, to register for programs, or to explore our secure website, visit **www.Jung.org**

WWW Wanderings

Joel Kanter

A few more interesting websites for web surfers:

For those interested in child welfare and youth work, the Child and Youth Care International has an elaborate website at www.cyc-net.org/. The site leads to various international discussion groups and an online journal *CYC-Online*. One article, for example, is titled *Adolescents and Adults: Why Working Together Seems Impossible*. The majority of the participants are from Canada, England and Australia, and this international flavor gives this site a very different perspective.

Another international website, www.isps.org, is sponsored by the International Society for the Psychological Treatment of Schizophrenia and other Psychoses (ISPS). This organization sponsors an impressive triennial meeting, which was held this September in Melbourne, Australia; Anne Riley from our Society attended this conference. Barbara Cristy, Pat Fox and I participated in the annual meeting of the US Chapter of ISPS, just held in Philadelphia. The ISPS website has the full contents of both the International and British newsletters; both have a number of articles of interest to professionals working with severe mental illness.

For interesting online continuing education, I recommend the PsyBC programs at www.psybc.com. This site charges for its programs, but the cost is often modest and the presenters are top-notch; Lew Aron and Peter Fonagy are involved in current programs. ❖

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in your society and your profession.*

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gwscsw@juno.com

CareFirst Update, *continued from page 11*

researchers in this study will be Deborah Chollet, PhD, of the independent research firm Mathematica Policy Research; Jack Needelman, PhD, of the UCLA School of Public Health; and Larry Brown, PhD, of Columbia University's School of Public Health. The Coalition Steering Committee will be meeting with the research team to contribute thoughts and ideas. ❖

Mary Lee Stein, LICSW, is GWSCSW's representative on the CareFirst Watch Coalition Steering Committee. More about the Coalition, a regional alliance of civic and professional organizations concerned with strengthening public oversight of non-profit health insurers, can be found at www.carefirstwatch.org

Out & About

Tricia Braun

This column is meant to share news about members' accomplishments—publications, speaking engagements, seminars, workshops, graduations, volunteer projects and special interests or hobbies. Here is what some of our members have been up to...

Patricia Morgan graduated in May from the PhD program in Human Development at Virginia Tech. Congratulations, Dr. Morgan!

Ann Aukamp presented two papers, "Working Blind: Allowing DID Phenomena to Emerge Naturalistically" and "Dissociating, As Seen Through the Lens of Self Psychology" at the International Society for the Study of Dissociation Conference in Chicago in early November.

Marilyn Austin has been appointed for a three-year term on the Montgomery County Commission as a Health Provider Representative. The Commission, which serves in an advisory capacity to the County Council, is made up of consumers, providers and representatives from the Montgomery County Department of Health and Human Services, Public Health Services and County Council Liaison.

Emily Brown just returned from Singapore, where she was training therapists and marriage solemnizers on how to address extra-marital affairs; she also presented a public forum on the subject.

Tybe Diamond gave a talk at the Women's Center in Vienna, Virginia in September on combined group and individual psychotherapy entitled "Do You Want More Reality in the Room?"

Charles Rahn gave a talk on "Financing Long-Term Care: Challenges, Myths, Misconceptions" in November at Sunrise Assisted Living in McLean.

Please send information about your accomplishments to Tricia Braun at gwscsw@juno.com. Notices of upcoming events should be directed to the classified page, in care of the newsletter editor, at the office address.

CSWF

Clinical Social Work Federation

Richard Yanes

Returning from its summer break, the Congress has focused almost exclusively on funding the Iraq reconstruction and the Medicare prescription drug bills, leaving behind Mental Health Parity, the Patient's Bill of Rights, and work on the HIPAA Privacy Rule. Funding for mental health services will likely experience significant delays again this year as Congress has yet to complete work on 10 of the 13 appropriation bills for the new fiscal year.

■ *The Medicare prescription drug bills*

The two bills, HR 1 from the House and S1 from the Senate, propose different approaches to providing prescription drug benefits through Medicare, as well as conflicting approaches to changes in the Medicare program itself. Each bill was passed by its respective house by mid-July and has been in conference committee since, while the conferees attempt to come to an agreement on the provisions.

Some of the significant disagreements include maintaining the \$400 billion cap on the prescription drug benefits provisions, assuring drug safety and accommodating low-income beneficiaries. Additional disagreements arise out of changes in the basic Medicare program affecting the role of the private sector, Part B payments, increased out-of-pocket costs and increased costs for wealthier seniors.

While the self-imposed deadline of Friday, October 17, has passed without an agreement, leaders on both sides express satisfaction that the talks are progressing well. What may result, assuming the conferees reach agreement, is the first major overhaul of the Medicare program in decades and the last that will be attempted for the foreseeable future. However, adoption by this Congress of major changes in Medicare will require provisions that can be supported by conservative House Republicans and more liberal Senate Democrats.

■ *Mental health funding*

We are now more than two weeks into the federal government's new fiscal year and most of the bills providing appropriations for this year have yet to be acted on, including the bill that would fund mental health services through the Department of Health and Human Services (HHS).

continued on page 16

CSWI

The Clinical Social Work Institute

Carolyn Gruber

The Clinical Social Work Institute is developing a four-part series on trauma and immigration. The first session will take place on December 12, 2003. Dr. Salman Akhtar will present on our psychological relationship with animals and things, with special attention to the cultural, developmental and clinical implications. A brochure will be out soon, but save the date: December 12, from 2:30–5:30 P.M., at Saint Columba's Church at 4201 Albermarle St., NW, Washington, DC. More information will follow on the subsequent three sessions.

Ann McClung, a student in our PhD program, has been teaching a course called *What's Freud Got to Do With It?* The course applies psychodynamic principles for practicing in agencies.

■ *Faculty and staff*

A number of faculty met on September 28 to respond to items requested by Middle States Commission on Higher Education. Faculty reviewed and recommended approval of a Vision Statement for the Institute, Strategic Planning Goals for the Institute and Student Goals, the latter of which will be used for the purpose of establishing outcome measures. Not only do we need to carefully craft a curriculum that is in the forefront of biopsychosocial thinking, we have to demonstrate that we are teaching it and that students are learning it.

The faculty worked on a restructuring of faculty governance as well. Our goal is to establish an inclusive and democratic governance process that taps into the wisdom of all stakeholders.

■ *Students*

Our students come not only from the Greater Washington DC area, but from as far away as Richmond and Newport News, Virginia, and Baltimore, Frederick and Annapolis, Maryland.

The third year class chose the Family Therapy concentration this year (students can elect from among couple, child, family and group). Dr. Peter Smith, a first time faculty at the Institute, is teaching the course.

■ *Board*

Board members have been working very hard in a number of areas that keep the Institute up and running. Joan Medway and Alice Kassabian have been working

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COP

Committee on Psychoanalysis

Sarah Pillsbury

The study group, *Sadomasochism in the Clinical Hour: Management of Transference and Countertransference*, led by Danille Drake, PhD, has two new openings. The group, ongoing since April 2003, meets the first Friday of every month from 12:30–2:00 P.M. The fee for seven members is \$29 per person. Currently, there are five members in the study group. The group members generally have two readings in advance of each group session. The National Membership Committee on Psychoanalysis in Clinical Social Work (NMCOP) sponsors the group. If interested in joining, please contact Dr. Drake at her office, 301-320-5659.

Please remember that the NMCOP Conference, *Psychoanalysis: Changing in a Changing World*, will be held March 11–14, 2004 in New York City at the Marriott Financial Center Hotel, 85 West Street, NYC. This ninth conference of the NMCOP will explore the interplay of changes in psychoanalytic theory with changes in our world and family life, and the impact of these evolving forces on clinical practice. Topics will include the broadening and integration of contemporary theories such as attachment theory, intersubjectivity, relational theory and self psychology, along with current trends in complex adoption, technologically assisted births and new family constellations. The latest research and development in such areas as trauma, multiculturalism, neuroscience, infant research and psychopharmacology will also be presented. The conference promises to be very exciting; I look forward to seeing you there.

To sign up for or to obtain more information about the NMCOP conference, please contact Catherine Herrera, NMCOP Conference Coordinator, at telephone 718-398-9516, fax 718-398-9518 or email catbkny@earthlink.net. The conference fee, postmarked by December 31, is \$300 for NMCOP members. For non-members, the fee is \$340 if postmarked by December 31. The fee for students (with/without lunch) is \$135/\$85 for attendance on Thursday, March 11, 2004 (the evening program) through Sunday, March 14. ❖

Sarah Pillsbury, DSW, is the NMCOP Chair for the Greater Washington DC area.

Save the date...

**"Integrating Dialectical Behavior Therapy
into a Psychotherapy Practice"**

GWSCSW Dinner Meeting – January 23, 2004

Washington Psychoanalytic Society, Inc.

Scientific Meetings Winter/Spring 2004

Registration (Prior registration is required)

Dinner & Meeting: Send check for \$55 per person (*payable to Washington Psychoanalytic Society, Inc.*) to the Society office, 4545 42nd St., NW, #309, Washington, DC 20016-1856, by the registration deadline as listed below.

Cocktails 6:30 pm • Dinner 7:15 pm • Meeting 8:15 pm

February 6, 2004 (Register by Monday, February 2)

Place: George Washington University Marvin Conference Center
800 21st Street, N.W., Washington DC

Speaker: Phillip M. Bromberg, Ph.D.

Topic: *Self-states, Affect Regulation and Psychoanalytic Theory*

Objectives: 1) Analyze the manifestations of self-states in enactments;
2) Describe the role of self-states in affect regulation.

April 23, 2004 (Register by Monday, April 19)

Place: Georgetown University Conference Center
3800 Reservoir Rd, N.W., Washington DC

Speaker: Steven Suomi, Ph.D.

Discussant: Joseph R. Silvio, M.D.

Topic: *Loyalty and Betrayal in the Life of the Family*

Objectives: 1) Understand human attachment through research investigating the attachment behavior of Rhesus Monkeys; 2) Explain the types of social interaction that facilitate secure attachments and which do not.

May 7, 2004 (Register by Monday, May 3)

TIME: 8:00 – 9:30 p.m.

Place: George Washington University Marvin Conference Center
800 21st St., N.W., Washington, DC 20052.

Speaker: Henry S. Smith, M.D.

Discussant: (To be determined.)

Topic: *The Analyst's Fantasy of the Ideal Patient*

Objectives: 1) Understand the essential countertransference configuration related to the clinician's preconceived notion of what makes for a good patient; 2) Assess the technical implications of the dialectic between an ideal form of free association, held uniquely by each clinician, and the "real" form uniquely presented by each patient.

CSWE, continued from page 14

Of the 13 bills that need to be passed to provide the government with funds to operate, only three have done so with another four tied-up in conference committee. Six bills have yet to see any action. Each of the six bills contains provisions that make compromise difficult. For example, in the HHS appropriations bill, not only are the Senate and the House in conflict over fully 70 percent of the separate line items, but there is a provision barring the government from spending any money on developing rules and regulations to change how workers accumulate overtime pay, blocking a priority for the Bush administration.

Increasingly, this year is looking like last year, when government funding was not in place until four months into the new fiscal year on February 13. Increasingly as well, the likelihood is that individual bills will not be considered, but an omnibus bill containing funding for all the separate departments will be created and passed. Such complex legislation will take some time to be developed and agreements to be reached which portends funding delays into next year. ♦

Richard Yanes, is Executive Director of the Clinical Social Work Federation.

CSWI, continued from page 14

with Carolyn Gruber, Irv Dubinsky and Phil Rosenblum on the series related to trauma and immigration. Joan Medway, Alice Kassabian, Marilyn Stickle, Eileen Selz, Sarah Pillsbury and Jadeane Levy have been strategizing about fund development. Joan Medway, Marilyn Stickle, Mary Dluhy, Charlotte McConnell, Frances Thomas, Golnar Simpson and student representative Kathleen Landers make up the Strategic Planning Committee. This Committee has two purposes: first is to be an oversight group for our accreditation readiness activities and second to develop and plan the implementation of a strategic plan for the Institute. To effectively do the business and oversight of the Institute and its programs requires the involvement of board, faculty, staff and students on committees and work groups.

■ **Fund development**

We are getting ready to mail our annual End of the Year letter. This is a fund-raiser for operating expenses and we've budgeted \$15,000 for this campaign. Keep an eye out for the letter and as they say in Chicago politics, "Give early and often."

Our "honor envelope" continues to be a very nice way to recognize a friend or loved one. Anyone wanting to use an "honor envelope" please give us a call at 202-237-1202. ♦

Carolyn Gruber, DSW, is the Dean of The Clinical Social Work Institute.

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Advancing Research on Childhood Onset Obsessive-Compulsive Disorder

Susanna S. Sung

Obsessive-compulsive disorder (OCD) affects nearly one percent of the pediatric population. The symptoms of this illness can interrupt development, causing significant psychological distress and producing life-long impairments in social, academic, and occupational functioning. The National Institute of Mental Health (NIMH), National Institutes of Health (NIH), is conducting clinical studies involving children and adolescents with OCD to better understand and eventually treat or prevent OCD.

The NIMH, part of the Department of Health and Human Services, is currently enrolling eligible children and adolescents in inpatient and outpatient clinical studies at the Clinical Center in Bethesda, Maryland. All procedures and medications associated with these studies are provided at no cost to participants, and NIMH reimburses transportation expenses to families traveling over 60 miles to the NIMH.

Characterization of OCD

The purpose of this study is to learn more about OCD in children. OCD usually has a slow onset and symptoms that may remain at a stable level over time. This study compares children with OCD to healthy children to better characterize childhood-onset OCD.

A subset of children with OCD has a sudden onset and symptoms that fluctuate in severity over time. This subgroup of pediatric OCD has been designated by the acronym PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections). This type of OCD is characterized by sudden symptom onset and a relapsing-remitting course of illness; exacerbation of symptoms occurs with scarlet fever or strep throat infections. This study will also identify factors that distinguish children with PANDAS OCD from children with non-PANDAS OCD.

Children with OCD and their parents are screened with interviews and a review of the child's medical records. Participants have an initial evaluation that includes a psychiatric, physical and neuromotor exam, neuropsychological testing, psychological interviews and a blood test. Structural magnetic resonance spectroscopy (MRS) scans of the brain are also obtained. The MRS scan does not use radiation.

After the initial evaluation, children with OCD have follow-up visits every six weeks for 12 to 24 months. If

they have a significant improvement or worsening of their symptoms, they are asked to make a maximum of two extra visits. All participants have a one-year follow-up visit upon study completion. This is an observational study. Children will not receive any experimental therapies.

Children ages 4 to 17 years old who have been diagnosed with OCD within the last six to nine months may be eligible. There is also the possibility of receiving cognitive-behavioral therapy while participating in the study.

Preventative measures for OCD and Tic Disorders (PANDAS Subgroup)

A subgroup of children with childhood-onset OCD and/or tic disorders share a common clinical course characterized by dramatic onset and symptom exacerbations following scarlet fever or strep throat infections. Such infections may be prevented by the prophylactic (preventative dose) administration of antibiotics, such as penicillin. This study will determine the effectiveness of penicillin prophylaxis in preventing relapses of OCD and/or tics in the PANDAS subgroup.

Participants receive penicillin for at least one month to ensure that they do not enter the study with a streptococcal infection. Participants are then randomly assigned to receive either penicillin or a placebo for six months. Each child has monthly evaluations to monitor levels of antibodies to streptococcus in the blood and to assess the severity of neuropsychiatric symptoms. Any child who has a significant increase in his or her OCD or tics is taken off the randomized medication and put on open-label penicillin for the rest of the study.

Children ages 5 to 12 may be eligible if they meet criteria for OCD or tic disorder. They must demonstrate a history of a sudden onset of symptoms or an episodic course with abrupt symptom exacerbations associated with strep throat interspersed with periods of remission.

For more information or to participate in any of the studies, call 301-496-5645. ♦

Susanna S. Sung, LCSW-C, is the Director of Clinical Research Recruitment in the Office of the Clinical Director, NIMH in Bethesda, MD.

Lisa Ferentz Helps Us Hear the Echoes of the Past

Kathleen Kenyon and Josephine Bulkley

With genuine warmth and a captivating style, Lisa Ferentz, MSW, animated the Society's October 2003 Annual Conference, *Echoes of the Past: Addressing Trauma and Self-Injury Through Clinical Work*, engaging participants in a thought-provoking discussion of the treatment of clients who self-harm. Rich clinical material from case presentations by Ruth Neubauer, MSW, and Denise Unterman, MSW, provided an anchor to Ms. Ferentz' stimulating keynote address.

Reclaiming the body

According to Ms. Ferentz, survivors of physical, sexual and emotional abuse and neglect often tell their stories through self-harming behaviors, such as eating disorders, promiscuity, addictions, suicide attempts and cutting. Such self-harming behaviors are efforts to reclaim control over the body as well as to maintain an attachment to the perpetrator by turning the feelings felt towards the perpetrator onto the self. Self-injurious behaviors, Ms. Ferentz noted, also involve a vicious cycle where the survivor experiences a benign slight or abandonment, which triggers the same painful feelings s/he had as an abused or neglected child. This leads to attempts to reduce the pain through self-injuring behavior. Ms. Ferentz described how the survivor feels immediate relief, which gradually turns to shame and negative feelings that set him/her up for the same reactions in the future.

A treatment paradigm

Ms. Ferentz offered a treatment paradigm that views self-harming behaviors as meta-dialogues for unspeakable experiences. Trauma, stored viscerally and visually, lives on in the body. The perpetrator's threats not to tell are taken literally and the trauma story goes underground. The normal exuberant self-regard of childhood is damaged and replaced by coping responses and defenses such as dissociation, depersonalization, numbing, minimization, rationalization, denial or acting out.

The therapist's task

Every symptom makes sense as part of the story and is an inevitable consequence of trauma, and not viewed as pathological. The therapist's task is to help clients decode and translate their behavior into words and regain the vitality of their own true feelings. Ms. Ferentz, using a cognitive-behavioral approach, also teaches therapists how to help clients develop alternative coping responses that are healthier and more adaptive, while simultaneously respecting the survivor's former necessary defenses. Ms. Ferentz used examples from her own clinical work to enhance our understanding.

The speakers

Ms. Ferentz is an adjunct faculty member at the University of Maryland School of Social Work and a private practitioner in Baltimore. For the past several years, she has presented at the Family Networker Conference, written numerous articles and traveled throughout the country sharing what she has learned from her patients.

Ms. Neubauer, past President of the Washington Professionals for the Study of Psychoanalysis, is in private practice in Chevy Chase. Ms. Unterman teaches family therapy in the resident training program at the George Washington University Department of Psychiatry and maintains a private practice in Garrett Park. ❖

Emergency Petitions

A new law broadening the reach of the Maryland Emergency Petition statute went into effect on October 1. An Emergency Petition (EP) allows the police to transport a citizen to the nearest psychiatric facility for evaluation if there is reason to believe that citizen "has shown the symptoms of a mental disorder and presents a danger to the life or safety of the evaluatee or others."

The requirement that a petitioner prove *imminent* dangerousness has been eliminated, and the current law uses an expanded definition of danger to include threats of violence and inability to care for self or to maintain activities of daily living. Further, under the new statute, proving dangerousness *does not* require that overt acts of dangerousness be observed or alleged.

Clinical social workers and other health professionals have long been able to "endorse" an EP for police implementation without needing approval from the court. As under the former law, such an EP must be based on an examination of the patient, but under the broadened statute there is no time frame specified for this examination. Thus, while a decision to initiate an EP may be based on data collected during an examination, now it may be made at sometime after an exam, based on "other information obtained that is pertinent to the factors giving rise to the petition."

Finally, the statute now permits laypersons to initiate an evaluation, through an EP request approved by a judge who issues a custody order.

Revised emergency evaluation forms are available online at the Maryland Judiciary website under District Court Forms: www.courts.state.md.us/index.html. ❖

Janet Edelman, Chair of the Public Policy Committee of the National Alliance for the Mentally Ill-Maryland, provided information for this article.

Anne Evans Speaks to Members on the Life of Maida Herman Solomon

On October 24 at the GWSCSW Quarterly Meeting, Anne Evans, past President of the Massachusetts Society for Clinical Social Work, shared her biographical research into the life of Maida Herman Solomon. Ms. Solomon was a psychiatric social worker whose career spanned over 70 years until her death in 1996. In 1916, Ms. Solomon began working as a psychiatric social worker at the Boston Psychopathic Hospital (which later became Massachusetts Mental Health Center) under the supervision of Mary Jarrett. She initiated research into the impact of syphilis on the hospital's patients. In 1926, she became the first president of the American Association of Psychiatric Social Workers and developed the MSW program in psychiatric social work at Simmons College in the 1930s. For the next quarter-century, she was a leader in social work education at Simmons. After her mandatory retirement from Simmons in 1957, she returned to Massachusetts Mental Health Center as a research consultant and continued an active involvement with psychiatric social work until well into her nineties.

In this engaging presentation, Anne Evans shared her own personal experiences with Ms. Solomon, whom she met as a student at Simmons and later worked with in a research and clinical capacity at Massachusetts Mental Health Center. She portrayed Ms. Solomon as a leader with high standards and ongoing intellectual curiosity who also strove to integrate family and professional life. A mother of four children, she helped many of her younger colleagues obtain part-time employment

Directory!

The 2004 GWSCSW Directory will be mailed to members in January.

Those who join or renew after the early December publication deadline will be listed in periodic updates mailed to members.

■ GWSCSW Directory Update / Change of Address, Office Info, Email, etc.

In addition to your name, please enter only information that has CHANGED since the last directory.

Name _____

Remove Office: located at _____

Home Address _____

Add Office:
Address _____

City/State/Zip _____

City/State/Zip _____

Home (_____) _____

Office (_____) _____

Home Office (_____) _____

Other: _____

Fax (_____) _____

E-Mail _____

Fax to: 202-364-0435

**Mail to: GWSCSW
5028 Wisconsin Avenue NW, #404
Washington, DC 20016**

Legislative News

■ VIRGINIA

Chris Spanos

The Virginia General Assembly session will convene on Wednesday, January 14, 2004 and adjourn on March 13, 2004. The reconvened VETO session will be on Wednesday, April 21, 2004.

Lobby Day

Virginia members are urged to attend Social Work Lobby Day, which will be held in Richmond sometime during the General Assembly session. The date will be determined at the December meeting of the Virginia Society for Clinical Social Work (VSCSW) Board of Directors. (GWSCSW is a non-voting member of the VSCSW Board, and will be represented at the meeting.) If VSCSW decides to remain a Guild state, Lobby Day will likely coincide with the Virginia State AFL-CIO Legislative Conference and Lobby Day on February 8 and 9. Look for a mailing with more information, or call the GWSCSW office at 202-537-0007. Keep in mind that the more members participating, the more likely it is that legislators will listen.

Lobby Day begins with a briefing on the key issues and proposed legislation relevant to clinical social workers and their clients. Following the briefing, members are encouraged to visit their General Assembly members to discuss these issues and advocate for proposed legislation important to the members and clients.

The 2003 Virginia elections: A first look

Results of Virginia's November 4 election bode little change in the orientation of the state government. As was the case in the last session, Democrats will not be able to block any legislation that is not to their liking and, if they remain unified, Republican leaders will be able to pass the legislation they want. In addition, in both legislative houses, a number of Democrats are likely to crossover in their voting on key tax, budget or social issues, thus bolstering the Republican Majority.

Effects of the election on clinical social workers

Governor/Administration. It is anticipated that the Governor will present to the General Assembly a 2004-2006 Biennial Budget that will contain base budget reductions that may affect medical reimbursement and state and local government employee insurance plans. The Governor has stated he will offer a tax reform and restructuring plan; this action may affect the business

and personal tax rate and tax exemptions of members in private practice or affiliated with practice groups.

General Assembly Actions. It is unlikely that the Assembly will provide full funding for the state share/match of programs with participating local governments; this will continue to strain resources for Medicaid, social services programs such as therapeutic foster care treatment, the Comprehensive Services Act, and juvenile justice program services provided by licensed mental health practitioners. Nor is there legislative energy for using general funds to increase Medicaid rates, or rates paid by health plans that provide state and local government employees health and mental health services.

We again will see budget and tax issues dominate the 2004 General Assembly session. With elected officials preoccupied with their opposing positions on lowering or raising taxes, the state government legislative process will certainly be contentious. ♦

Chris Spanos serves as lobbyist for GWSCSW and VSCSW.

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■ MARYLAND

Stephen C. Buckingham

Mental Health Issues and the Upcoming Legislative Session

Although the Maryland General Assembly does not meet again until January 14, 2004, we already know that a major advocacy effort will be required to head off serious problems in Maryland's mental health system. Much needed treatment is being curtailed by both the public system and private insurers, while the legal guarantee of parity for mental health care continues to be eroded. At the same time, however, the most effective advocacy group for mental health services, the Maryland Legislative Council of Social Workers, has lost one of its strongest members, the Maryland Chapter of the National Association of Social Workers (NASW).

Budget pressures continue to plague the public system that provides mental health treatment for Medicaid recipients and those with serious and persistent mental illness, as well as inpatient and emergency treatment for many privately insured patients. Although Governor Ehrlich fulfilled a campaign promise to fully fund the public mental health system by increasing annual appropriations by \$30 million, the Legislature had to cut some of the funds in order to balance the budget. Then, the Governor vetoed the bill passed by the General Assembly to increase corporate taxes, close corporate tax loopholes, and remove the exemption for HMOs to the 2% insurance premium tax. This action required the Governor to sequester some of the funds already approved for mental health services in the budget.

In addition, treatment in community settings through nonprofit clinics and individual providers continues to suffer from inadequate reimbursement rates. The Legislature finally passed HB 675/SB 209 last session requiring the State to make up the difference in reimbursement for dually eligible (Medicare/Medicaid) patients, but budget pressures have forced the Department of Health & Mental Hygiene to reduce reimbursement rates overall by 10 percent. Clinics and individual providers still have no cost-of-living adjustment for rates, and many are going out of business or terminating their treatment of publicly funded patients.

On November 4, DHMH reported back to the House of Delegates on plans to close one of the state mental hospitals as a cost-saving measure. The current plan is to close Crownsville Hospital Center, sending patients to Spring Grove and Springfield; privatize all acute mental health care; and explore privatizing the Walter P. Carter Center. Five million dollars would be dedicated to help buffer Anne Arundel County from the impact of losing

the hospital, but little is envisioned going into community-based services.

In the private sector, a task force is looking into barriers to care erected by managed care and benefit reductions that violate the intent of the mental health parity laws. Established by legislation first proposed by the social work community, the Task Force to Study Access to Mental Health Services began meeting this fall and will make a report to the General Assembly by the end of the year, recommending any changes needed to the parity law.

In the past decade, no health profession has been a more effective advocate for mental health than the social work community. Since 1995, all five professional social work organizations have collaborated on advocacy under the rubric of the Maryland Legislative Council of Social Workers. Two chapters of NASW, the Maryland and Metropolitan Washington Chapters, brought to the group their concerns for low income and disadvantaged people and their expertise in child and elder welfare issues. The two clinical societies, the Maryland and Greater Washington Societies for Clinical Social Work, brought to the table their expertise in mental health and their passion for eliminating barriers to care. The Society for Social Work Administrators brought its expertise in discharge planning and its concerns for individuals treated in hospitals and nursing homes. Together, they spoke with a unified voice and became significant contributors on major issues such as welfare reform, Medicaid, managed care, mental health parity, discrimination on the basis of sexual orientation and abuses by managed care companies.

This year, however, the NASW Maryland Chapter has left the Council and decided to hire a separate lobbying firm. The remaining organizations intend to continue the Council without NASW Maryland, and are meeting to reorganize and plan for the coming session in January. They will need more help from their members to overcome the loss of NASW Maryland's participation, but my firm will continue to represent the Council and coordinate the advocacy effort. Social workers can go to www.marylandadvocate.com for further information on bills and issues as they arise. Members of the Council organizations can also go to the Log In page and submit a username and password of their choosing for access to specific bill information, hearings and weekly reports during session. With such important mental health issues at stake in the coming session, the social work community cannot allow its advocacy efforts to wane. We must continue to make our positions heard by lawmakers in Annapolis. ❖

Steve C. Buckingham, Esq., has been our Maryland lobbyist since 1996, representing the interests of the Maryland Legislative Council for Social Workers to Maryland legislators.

COMMITTEE REPORTS

Annual Conference

Kimberly Satin Kubler

Echoes of the Past: Addressing Trauma and Self-Injury Through Clinical Work, this year's annual conference, took place on Saturday, October 4. Lisa Ferentz, MSW, gave an engaging and thought-provoking keynote, which focused on de-pathologizing self-injurious behaviors. Ruth Neubauer, MSW, and Denise Unterman, MSW, both presented intriguing cases that complemented the talk. I'd like to take this opportunity to thank all of these speakers very much for their contributions. Each one was wonderful to work with both in preparation for and during the event.

I'd also like to thank the Annual Conference Committee: Josephine Bulkley, Laura George, Jen Hackler, and especially Kathleen Kenyon. Kathleen was kind enough to take over the chairmanship of the committee when my son decided to enter the world a month early. It was so nice to know that I could relax and trust that everything would be taken care of. Margot Aronson was also gracious enough to assist with the preparations despite her demanding schedule as President of the Society.

In addition to thanking those who helped with the conference, I am writing to say goodbye as Annual Conference Committee Chair. The birth of my son has shifted my priorities, as is often the case for new mothers. I will be returning to private practice part-time, and will no longer be able to offer my services on a volunteer basis. Being a member of the Society's Board has been a greatly rewarding experience. I have met many kind and intelligent people and have felt great satisfaction from being part of such a valuable organization. I look forward to continuing to attend

Society events when possible, and seeing many of you there! (*Editor's Note: CONGRATULATIONS and THANKS Kimberly! We wish you the best.*)

Continuing Education

Dolores Paulson

If you have not already, please register for one of the many courses being offered this spring by the Continuing Education Committee. See the 2004 course offerings and registration information on page 26 of this newsletter. GWSCSW's educational offerings meet the requirements for Category 1 CEUs in all local jurisdictions. Considerable attention has been given to ensure that the courses also meet the needs and interests of our clinical social work community. Feedback is welcome; email Dolores Paulson at gwscsw@juno.com or call 703-790-0786.

Directory

Constance Hendrickson

Are you one of the members who has not yet renewed your membership and thus may not be included in our new 2004 Directory? If so, you may still have a chance to be included if you act immediately. Please call the office at 202-537-0007 and send in your renewal dues and any updated information ASAP. The 2004 Directory will go to the printer in early December.

Ethics

Janet Dante

The next conference to be offered on ethics is being planned for April 2005. The guest speaker for the conference will be Frederic Reamer, who

has written extensively on ethics and ethical dilemmas. Dolores Paulson is spearheading this event.

An ethical dilemma: An office employee in a social service agency requests therapy for a family member. The agency director wants to accommodate the referral, feeling that their agency is the best one to provide the needed service. The therapist assigned the case is concerned because the office employee has access to therapists' notes, and could read about what was happening with their family member. The therapist is afraid that disagreeing with the director will jeopardize her job. How would you handle this dilemma?

The therapist was supported in her conviction that it would be wrong for the family member to be seen in therapy at this agency, since privacy could not be guaranteed. While it is true that the office worker is allowed to have access to therapy files, it would not be ethical for that worker to have access to files of a family member. After consulting with her professional social work organization, the therapist was told that it would be unethical for her to see a patient under these circumstances and that her license could be revoked. The therapist was helped to be able to disagree with the director.

Membership

Charles Rahn

The new 2004 Directory is in its final stage of production. All membership renewals should have been mailed by now! *If you have not renewed, please do so ASAP.* The new directory is due out in January 2004 and we want all members of the Society included. Your renewal needs to be received in a timely

fashion for your information to be included in the directory.

Do not hesitate to call me directly at 301-493-6841 if you have questions. For those who are interested in working with the Membership Committee, you can call or email me at charlesrahn@yahoo.com. Thanks!

Welcome New Members!

Full Members

Dori Aronson
Denise Unterman
Lori Weinstein

Graduate Member

Linda Kuzmack

Student Members

Doctoral:
Marian Kaufman
MSW:
Deborah Lewis
Vicki McCarthy

Newsletter

Cecilia McKay

Committee member Stephanie Aronson, who handles the billing for the newsletter, has announced her engagement. Best wishes, Stephanie!

Thank you to Margot Aronson and Joel Kanter for their generous contributions to this newsletter. Volunteers for writing articles or letters to the editor are always welcomed. If you have recently written a paper, given a presentation or have an area of interest or concern that you would like to share with Society members, please email me at ccmckaymsw@erols.com or call at 301-802-4126.

Public Relations

Tricia Braun

The Public Relations Committee is available to all other committees of the Society in the role of communications consultant and active publicist. The mission of the Committee is to improve the public image of the clinical social worker by establishing a high profile in the general community, which will make the community-at-large, as well as potential consumers, aware of our services. In addition, the Committee has expertise in organizational dynamics, strategic planning, meeting process and partnership development that committee chairs may utilize to enhance their overall functioning and increase the quality of decision-making.

As always, we welcome additions to our team, and with spirited volunteer support, much can be accomplished! Please call Tricia Braun 301-258-9444.

Referral Panel

Eileen Ivey

Please see *Referral Panel 2004: What's New This Year?* on page 24 of this newsletter; the application is on page 25. Applications—with accompanying documentation—are due by February 1, 2004. Through the panel, the Society provides a valuable resource to the community; the more clinicians on the panel, the more valuable it becomes to those seeking help. We look forward to hearing from you. ❖

AS A MEMBER OF GWSCSW, YOU ARE ALSO A MEMBER OF CSWF

The Federation Hotline is your link to our...

◆ Managed Care Specialist

for advocacy, information and assistance with managed care and insurance

◆ Forensic Specialist

for consultation regarding clinical social work and the law

◆ Public Relations Specialist

for assistance with press, radio, TV and media issues and the professional image of clinical social work

◆ New Clinicians Specialist

for mentorship, advisement and other issues for new clinicians

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Referral Panel 2004: What's New This Year?

Eileen Ivey

As most of you know, the referral panel has historically been a linchpin of the Greater Washington Society for Clinical Social Work (GWSCSW). It is often a primary attraction to new members and may be the only thing the public knows of our organization. Over the last few years, there has been a significant decline in use of the referral line. Several factors seem to have contributed to this, including inadequate advertising, the greater role of insurance companies in directing clients to clinicians and our failure to keep up with an increasingly Internet-connected world of accessing services.

Two years ago, a poll of all referral panel applicants established the willingness of members to support more advertising and visibility through a small mandatory surcharge for participation in the referral panel. Many of you made voluntary contributions, contributing enough to cover the cost of one ad in the Family Health Directory of the *Health* section of the *Washington Post* in fall 2002. Last year, we implemented a mandatory surcharge of \$15 for referral panel participation. This surcharge is being continued again this year. However, the fee will be waived for those GWSCSW members who were paying referral panel members last year, in recognition of the fact that the online advertising we purchased with those fees will be having most effect in 2004.

On a personal note, the best news of the coming year is that the referral panel will have a co-chair, Patricia Garcia Golding, to bring a fresh eye and fresh energy to this necessary, but ailing, service. With her help, I hope to go beyond the maintenance of the referral panel to a revitalization of this service. The Board remains committed to revive and re-energize the referral panel through a more creative and substantive advertising strategy in the coming year.

What's the same?

Inclusion in the referral panel listing is still based on the same criteria: full GWSCSW membership, completion of a form, and submission of yearly proof of licensure and malpractice coverage. You can sign up for inclusion in the referral panel by submitting the application, which you will find on the next page in this newsletter. Please remember that you must attach copies of your state license(s) and malpractice insurance. This application must be completed, even if you have previously been on the panel. The deadline is February 1, 2004. *Please note that this is the only time applications are accepted for the year.*

On the application, the five most frequently cited specialties are listed. Please check off as many as describe your practice. You will also find a box marked *Other*. This is the place to let us know about any unique or distinctive features about you or your practice, such as doing custody evaluations, being a person of color, gay-identified, treating MPD, etc. Knowing the distinctive aspects of your practice helps us better respond to the requests we get, benefiting both you and the client.

Like last year, we are asking you to indicate in which (if any) insurance plans you participate; this is frequently the first parameter callers request. Also, in addition to asking whether you have a sliding scale, we are also asking if you have a special student rate. It is our hope to market very affordable psychotherapy (on the order of \$25 or so per session) to MSW students and recent grads. Your indication will tell us whether you wish to make yourself available to provide this service. Not only will providing this service give back to the social work community, it may also prove to be good marketing for the Society, as students and new grads spread the word about affordable therapy.

You need not take a one-week phone rotation in order to be included on the referral list. However, if you do wish to make this additional commitment to the Society, we are using the same procedure as last year—just complete the tear-off section at the bottom of the application indicating your interest and any preferred dates. These requests will be filled on a first come, first served basis as they are received. We will confirm assignments by phone, email or postcard. The month prior to your assigned week you will receive a packet with all the practical information you need to complete the rotation.

Taking a phone rotation is easy (there are generally five or fewer calls per week, although we hope to increase that) and convenient (you call in to the voice mail from wherever you are), and provides a service to both the public and the Society. Members who have covered the phone often comment how much they enjoyed their week and how it reminded them of the pleasures of intakes and referrals, which are not frequently experienced in private practice.

Please remember we need people power as well as money. Please call Eileen Ivey at 301-652-1030 or Patricia Garcia Golding at 301-907-7888 if you are willing to share your energy and ideas to make the referral panel vital and viable again. ❖

GWSCSW 2004 REFERRAL PANEL APPLICATION

For current and new applicants – must be submitted each year. Deadline: February 1, 2004.

- Are you currently a FULL MEMBER of GWSCSW? Yes No *If no, stop here; only full members can be placed on the Referral Panel. To contact a Membership Committee representative, call 202-537-0007.*

Name _____

Office Address (Include agency name if applicable)

Note: If you wish to list more than one office, please submit a separate application for each.

Street Address _____

City / State / Zip _____ Phone _____

Email _____ Fax _____

Please check (Please be as specific as possible about your specialties or other unique aspects of your practice.)

Office Hours: Day Evening Saturday Sunday Handicap Accessible

Adjustable Fees: Yes No

Population: Child Adolescent Adult Geriatric Mental Retardation

Modalities: Individual Group Family Couple Supervision Consultation Case Management

Specialties: Depression/Affective Disorders Anxiety/Phobia Alcoholism/Substance Abuse

Loss/Bereavement Divorce/Separation/Transitions Other _____

Types of ongoing groups _____ Foreign Language(s) _____

Theoretical Orientation _____

Licensed: Virginia (LCSW) Maryland (LCSW-C) DC (LICSW)

Please list any insurance plans for which you are a provider _____

Do you have a student rate? No Yes

Have you ever been sued for malpractice? No Yes *(please attach an explanation)*

Have any of your state licenses expired, been revoked, suspended or denied? No Yes *(please attach an explanation)*

Have you ever been charged with an ethics violation? No Yes *(please attach an explanation)*

All of the above information is true to the best of my knowledge.

Signature _____ Date _____

ADDITIONAL OPTIONS

- I would like to volunteer for a one-week phone rotation for the Referral Panel
- Anytime
 - Anytime except the week(s) of _____
 - Sometime, but my schedule is complex; please call me to discuss times (_____)_____
- I would like my practice to be listed on the GWSCSW web site if this option becomes available.

► INCLUDE WITH YOUR APPLICATION:

- A copy of each state license where you wish to list an office
- A copy of your current malpractice liability insurance policy showing a minimum of \$1,000,000 coverage
- A check for \$15 made payable to GWSCSW.
Please note: this surcharge will be waived if you were included in the referral panel in 2003. If you are unsure, email ivey.sirota@verizon.net.

GWSCSW Course Offerings: 2004

■ Ethical Dilemmas

This course raises and reviews ethical questions the clinician faces in the course of practice. Questions are analyzed and understood based on the *Clinical Social Work Federation's Code of Ethics* and texts of Frederic G. Reamer. Students are encouraged to bring into class ethical dilemmas they encounter. **THIS COURSE MEETS THE VIRGINIA AND MARYLAND LICENSING REQUIREMENTS.**

Constance Hendrickson, DSW, LICSW
3000 Connecticut Ave NW, #201
Washington, DC 20008
(202) 332-0134

Friday, 10:00 AM – 1:00 PM
Members: \$45
Non-members \$75
2 separate offerings:
February 6, 2004
March 5, 2004

■ Understanding Goddess Mythology's Implications for Clinical Social Work

This course will increase the student's knowledge of the metaphorical and symbolic value of ancient goddess mythology. Students will experience the power of Inanna, the Sumerian goddess of heaven and earth, by reading aloud from the text. This new knowledge will be applied to clinical material students bring to the class. Students will become aware of how some patients develop a conscious attitude in which the feminine archetype is embodied creatively in their everyday lives.

Bonnie L. Damron, MSW, PhD, LCSW
600 Roosevelt Blvd., G-2
Falls Church, VA 22044
(703) 538-4289

Friday, 10:00 AM – 2:30 PM
1 session: March 5, 2004
Members: \$60
Non-members \$100

■ Using Transference and Countertransference in Therapy: A Modern, Practical Guide

This course is aimed at helping the social work clinician negotiate the therapeutic relationship, especially when impasses occur. It will give students a practical, thorough understanding of transference and countertransference as an attempt at adaptation from a contemporary perspective; integrating different approaches. Topics to be covered include establishing the relationship with an eye toward the future, understanding and resolving "resistance" and its various behaviors, and managing strong reactions in the clinician. This course is especially useful for work with "difficult" clients.

Adina Shapiro, MSW, LCSW
4501 Connecticut Ave NW
Washington DC 20008
(703) 761-3939

Fridays, 11:00 AM – 12:30 PM
2 sessions:
March 5 & 19, 2004
Members: \$45
Non-members \$75

GWSCSW courses meet requirements for VA, MD and DC licence renewal and board certification renewal.

■ The Role of Attachment and Attachment Injuries in Couples

This workshop will focus on couples from an attachment perspective. It will discuss the four primary attachment styles, how to determine an individual's attachment style as well as a couple's, and how a particular style (both within the individual and the couple) drives relational interactions. It will also identify the newly defined concept of attachment injury as it is manifested within the couple. Through the depiction of attachment injury incidents and suggestions for resolution, therapists will be able to identify and treat such injuries and the impasses that accompany them.

Eileen Stanzione, MSW, LCSW-C
3000 Connecticut Ave, NW, Suite 201
Washington, DC 20008
(301) 293-6999

Mondays, 12:00 – 2:00 PM
2 sessions: March 22, 29, 2004
Members: \$60
Non-members \$100

■ Why Do I Have to Say Goodbye Again? Issues in Termination

Termination is both a phase of therapy and a definition of the process. The end of therapy involves all the major psychodynamic issues. This course will focus on the implications of termination from the point of view of countertransference and the therapeutic frame. The work will include clinical material, readings and film.

Ruth Neubauer, MSW, LCSW-C
3301 Woodbine Street
Chevy Chase, MD 20815
(301) 951-8630

Saturdays, 10:00 AM – 12 NOON
3 sessions: April 3, 10, 17
Members: \$90
Non-members \$150

GWSCSW COURSE REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Office Phone (_____) _____

Social Security No. _____ - _____ - _____

Years in Practice _____ GWSCSW Member

Courses:

_____ \$ _____

_____ \$ _____

Payment Enclosed: (make check payable to GWSCSW) \$ _____

Please return to:
Dolores S. Paulson DSW
The Ashford Center
7643 Leesburg Pike, Falls Church, Virginia 22043

ADVERTISEMENTS

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Classified Ads: 75¢ per word	Display Ads: Full page 7½ x 9¼	\$300	Half page	\$175
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	Eighth page 3½ x 2¼	\$ 50	Vertical: 3½ wide x 9¼ high	

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OFFICE SPACE AVAILABLE

CHEVY CHASE, DC/CONNECTICUT AVE: Office now available in a two-office psychotherapy suite. Furnished or not. Excellent building, great location, \$975/month. Call 301-252-5641.

CLEVELAND PARK METRO: Attractive, bright, newly decorated office; part-time (some full days), flexible scheduling; reasonable rates. Call 202-363-4459.

FALLS CHURCH: Office space to rent, downtown, in established practice. Quiet room with window. New paint, carpet, unfurnished. FT or PT available. Please call Dalal at 703-241-3726.

FALLS CHURCH CITY: Attractive, furnished, windowed, two office suite with waiting room. All amenities included. Flexible hours. On bus line. Call Carol Warner, 703-241-2746 or Kitty Harold, 703-534-9253.

McLEAN: Lovely, windowed office with private waiting room for rent in four-hour blocks. Call 703-734-9287.

McLEAN: Attractively furnished, bright, spacious office to share with psychiatrist in McLean. Call 703-821-0761.

ROCKVILLE/MONTROSE ROAD: Three offices for rent with other psychotherapists. One is large but windowless; full-time or part-time. Two have windows and are part-time. Available days, evenings, weekends. Excellent location in Rockville/Executive Blvd. near Montrose in a townhouse complex. Easy access to 270 (Montrose exit), many other psychotherapists in the area, so good opportunity to network. Free parking. 301-881-4884 x 1 or 2.

TENLEYTOWN METRO: Bright, large psychotherapy office for rent. One block from Tenleytown Metro. To see office, call Robin at 202-363-6195.

TYSONS CORNER: Beautiful office space available part-time in lovely Tysons Corner office building. Kitchen privileges. Free parking. Call Barbara Fox, 301-942-4583.

WOODLEY PARK: Lovely, sunny P/T offices on Connecticut Ave. with high ceilings, large windows and good light. In suite with other therapists in a secure building and friendly neighborhood. Shared waiting room and possible therapist parking. Reasonable rates, across from Metro. Call 202-483-2660 x 6.

WOODLEY PARK: Attractive, furnished office in comfortable Woodley Park townhouse, is large enough for group work. Includes waiting room and parking; is steps to metro. Flexible scheduling, some full-day availability. Call 202-483-9376 x 2.

GROUPS

ADOLESCENT THERAPY GROUPS: Twelve evening ongoing psychotherapy groups meeting in Rockville. Effective quality treatment. Call Britt Rathbone, LCSW-C, at 301-230-9490. www.rathboneandassociates.com

MEDITATION GROUPS FOR CLINICIANS: Groups meet the second and fourth Mondays or the first and third Fridays of each month, from 10:00 AM–12:00 NOON. Please contact Marilyn Stickle at 703-790-0232 or by email at mbstickle@aol.com for further information.

THERAPY GROUP FOR MEN AND WOMEN: Mary Jean Kane, LCSW, has openings in her therapy group for men and women with depression and bipolar disorder. The group is very cohesive and safe. Members, ranging in age from mid-30s to mid-50s, have a strong sense of commitment to each other. Several members have a history of trauma. Meetings are Monday evenings, 6:15–7:45 PM, \$40 per session with a 3-month minimum commitment. (Commute time from DC during rush hour, 25 minutes.) For further information, call 703-550-4298.

PROGRAMS & EVENTS

SOCIAL WORK LICENSING: Prep Courses and Home Study Materials. For sample questions, schedule, and information call Jewell Elizabeth Golden, LCSW-C, LICSW, BCD, 301-762-9090.

SUPPORT YOUR SOCIETY... JOIN A COMMITTEE!

UPCOMING EVENTS & IMPORTANT DATES

January 23 GWSCSW Quarterly Dinner Meeting

Time: 6:30–9:00 PM

Speaker: Bette Ann Weinstein, DSW
Faculty at the Catholic University of America
and at the Alcohol and Drug Studies Program
at Rutgers University, and in private practice

Topic: *Integrating Dialectical Behavior Therapy
into a Psychotherapy Practice*

Location: To be determined

February 1 Applications Due for Referral Panel

**February 15 The Consortium for Psychoanalytic Research
Annual Conference**

Speakers: Otto F. Kernberg, MD & Pamela A. Foelsch, PhD

Topic: *Does it work? The Evidence for Transference-
Focused Psychotherapy for Severe Personality
Disorders*

Location: Ernst Auditorium, Sibley Hospital
Washington DC

March 11–14 NMCOP's Conference

Speakers: Judith Wallerstein, Patrick Casement, Francine
Cournos and others

Topic: *Psychoanalysis: Changing in a Changing World*

Location: Marriott Financial Center Hotel , New York City

March 19 GWSCSW Quarterly Dinner Meeting

Time: 6:30–9:00 PM

Speaker: Jill Scharff, MD
Co-Director of the International Institute
of Object Relations Therapy (IIORT)

Topic: *The Woman Psychotherapist:
Concerns and Challenges*

Location: To be determined

**May 1 GWSCSW Conference
Co-sponsored by the International Institute
for Object Relations Therapy (IIORT) & the
Clinical Social Work Institute (CSWI)**

Speaker: Author F. Robert Rodman and others

Topic: *The Facilitating Environment and Social Work
Practice: The Contributions of Clare and Donald
Winnicott*

Location: To be determined

April 8, 2005 Ethics Seminar

Speaker: Frederick Reamer, PhD
Chair of the national task force that
wrote the *NASW Code of Ethics*

Will fulfill both Maryland and Virginia ethics
requirements for license renewal

**For more information on these events,
call GWSCSW at 202-537-0007**

**Greater Washington Society
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